

DRAFT 2013 Community Mental Health Block Grant Briefing for Comments

Background

Federal law requires that each state submit an application for their allocation of federal Community Mental Health Block Grant (MHBG) funds annually. The federal requirements for submission of the block grant include insuring that the block grant allocation plan is reviewed by the state planning council, which is the Wisconsin Council on Mental Health, and to engage in Tribal Consultation with the Tribal nations in the state. In addition, the Division seeks and receives general public comment.

Funding Levels

The Mental Health Block Grant application for FFY 2013 is due to Center for Mental Health Services (CMHS) on September 1, 2012. Although the federal 2013 Budget has not yet been passed by Congress, CMHS has instructed the Division of Mental Health and Substance Abuse Services to assume the same level of funding in FFY 2013, as Wisconsin's final allocation received in FFY 2012, \$8,015,911. **However, this amount will not be the final award for Wisconsin, because Wisconsin will be taking a reduction due to a formula redistribution between states that will be effective in 2013.** This reduction is estimated to be at least a reduction of \$1,138,867 from the final award in 2012. In addition, if the federal budget negotiations reach an impasse on the overall federal budget plan to meet the Federal Budget targets set in the last budget, the automatic sequestration of federal funds is estimated to cut an additional 8% from this amount.

Current Federal Requirements

There are federal constraints on the use of the federal Community Mental Health Block Grant as noted below:

- The primary target groups for the funds are adults with a serious mental illness or children with a severe emotional disturbance.
- The state will provide services only through appropriate, qualified community programs.
- Cannot be used for inpatient services.
- Cannot be used to make cash payments to intended recipients of health services.
- Cannot be used to purchase or improve land, purchase, construct, or permanently improve any building or other facility, or purchase major medical equipment.
- Cannot be used to satisfy any requirement for the expenditure of non-federal funds as a condition of the receipt of federal funds.
- Cannot be used to provide financial assistance to any entity other than a public or nonprofit entity.
- State can only use 5 percent of the grant for administrative purposes (i.e. processing of contracts and payments and agency indirect costs) with respect to the grant. A portion of the block grant is used for program development activities beyond the 5 percent administrative amount (i.e., staff salaries to implement the federal required program development and quality improvement activities) as established in the State Biennial Budget.
- Must maintain a level of spending in the block grant for a system of integrated services for children not less than the amount expended by the state in 1994.

- The State must maintain State expenditures for community mental health services at a level that is not less than the average level of such expenditures maintained by the State for the two-year period proceeding the fiscal year for which the state is applying for the grant.

Federal Instructions Community Mental Health Block Grant

SAMHSA has significantly changed both the format and material requested in the block grants, moving towards a combined application with the Substance Abuse Prevention and Treatment Block Grant in the future with more comprehensive state needs assessment requirements, a listing of state priorities and objectives based on the needs assessment.

SAMHSA has eight key priorities that they ask states to address:

- 1) Prevention of Substance Abuse & Mental Illness
- 2) Trauma & Justice
- 3) Military Families
- 4) Recovery Support
- 5) Health Reform Planning for the Affordable Care Act
- 6) Health Information Technology
- 7) Data, Outcomes & Quality
- 8) Public Awareness and Support

Wisconsin Priorities for Planning and System Improvements for 2012-2013 MHBG

The Wisconsin 2012-2013 MHBG included the following required elements: assessment of the state's strengths and needs; identify unmet needs and gaps; and a list of the state's priorities for planning and system improvement activities.

DMHSAS list of key priorities for planning and system development are:

1. Increase the capacity of consumers and families to self-direct care and treatment with a focus on recovery and support from peers.
2. Promote evidence-based services and treatment to assure good quality outcomes of services and to more effectively use scarce taxpayer resources in all systems that fund mental health services, including county and tribal service systems, Medicaid, child welfare and the criminal justice system.
3. Promote the identification and appropriate treatment for children's mental health needs, including children and their parents in the child welfare system.
4. Promote community-based services for people with serious mental illnesses and children with severe emotional disturbance thru the reduction in use of inpatient services.
5. Promote trauma informed care, and in particular, to work to promote appropriate treatment for Wisconsin citizens who are returning from combat and their families and children in the child welfare system.
6. To reduce the incidence of suicide in Wisconsin, in particular, reduce the disparities in culturally diverse populations and veterans.
7. To develop methods to better assess the need and outcome of mental health services in Wisconsin, including improvements to data systems and outcome measurement.

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State Statutory and SFY '12-'13 Biennial Budget Funding Requirements

There are state statutory and SFY 2012-2013 Biennial Budget assumptions and requirements for the disbursement of the Mental Health Block Grant funding which will be included in the draft Block Grant documents submitted for review.

The specific state statute references that guide the distribution of funding in addition to the State Budget are as follows:

- **County Federal Block Grant Aids.** “46.40(2m)(b), community mental health services. For community mental health services under 42 USC 300x to 300x-9, the department shall distribute not more than \$2,513,400 in each fiscal year.”
- **County Integrated Services Programs for kids with severe emotional disturbances.** “From the appropriation under [s. 20.435 \(7\) \(mb\)](#) the department may not distribute more than \$1,330,500 in each fiscal year to applying counties in this state that meet all of the following requirements, as determined by the department.”
- **Consumer and Family Self Help and Peer Support Services.** “46.54. From the appropriation under [s. 20.435 \(7\) \(md\)](#), the department shall distribute \$874,000 in each fiscal year to increase support for mental health family support projects, employment projects operated by consumers of mental health services, mental health crisis intervention and drop-in projects, and public mental health information activities.”
- **Mental health treatment provider training.** “46.53. From the appropriation under [s. 20.435 \(7\) \(md\)](#), the department may not distribute more than \$182,000 in each fiscal year to provide training for mental health treatment professionals on new mental health treatment approaches in working with special populations, including seriously mentally ill individuals and children with serious emotional disturbances, and on the use of new mental health treatment medications.
- **Protection and Advocacy Services.** From the appropriation under [s. 20.435 \(7\) \(md\)](#), the department may not distribute more than \$75,000 in each fiscal year to the protection and advocacy agency for performance of community mental health protection and advocacy services.
- **System Change Grants.** “46.52 Systems change grants. From the appropriation under [s. 20.435 \(7\) \(md\)](#), the department shall distribute funds to each grant recipient under this section so as to permit initial phasing in of recovery-oriented system changes, prevention and early intervention strategies, and consumer and family involvement for individuals with mental illness. At least 10% of the funds distributed shall be for children with mental illness.”

2013 Community Mental Health Block Grant Allocation for Submission

The following is the draft allocation for the submission of the 2013 Community Mental Health Block Grant with a total of \$8,015,911:

1) County Formula Allocation (*Statutory Cap of \$2,513,400*) - **\$2,513,400**

This allocation is designated to county mental health agencies to fund programs for persons with serious mental illness. The DHS determines each county agency's MHBG allocation using its standard Community Aids formula. This formula considers each county agency's Medicaid caseload, per capita income, and urban/rural designation. Each agency will use the funds for one or more of the following eight priority areas:

- Certified Community Support Program and/or Comprehensive Community Services program development and service delivery
- Supported housing program development and service delivery
- Initiatives to divert persons from jails to mental health services
- Development and expansion of mobile crisis intervention programs
- Consumer peer support and self-help activities
- Coordinated, comprehensive services for children with Severe Emotional Disturbance
- Development of strategies and services for persons with co-occurring MH/SA disorders
- Mental health outcome data system improvement

2) Children's Initiatives – Integrated Service Programs (ISP) and Coordinated Services Teams (CST) (*former ISP Programs MHBG Capped by Statute at \$1,306,700, plus funding for Coordinated Service Teams*) - **\$1,826,500**

The former ISP initiative was designed to develop coordinated systems of care for children and adolescents with SED and their families requiring support from multiple community-based agencies. State awards give the county projects the capacity to provide the flexibility needed by both children/adolescents and their families. The CST initiative places an even heavier emphasis on collaboration across child-serving systems. A recent state statute change requires all former ISPs to meet the new requirements of CSTs. In CST the focus is on working with counties, tribes and the Department of Children and Families to create a “systems change” plan for the county or tribe to establish strength-based systems of care that supports children and adolescents and their families who require substance abuse, mental health, juvenile justice, and/or child welfare services.

3) Family/Consumer Self-Help & Peer-to-Peer Support (*By Statute, must allocate no less than \$874,000*) - **\$1,191,629**

Wisconsin funds a variety of consumer self-help and peer support programs including programs that work with adult consumers, child consumers, and families of consumers.

4) Transformation Activities (*No Statutory Language*) - **\$1,202,064**

Wisconsin will continue funding grants in the areas of: supported employment programs, peer specialist certification, county quality improvement projects to reduce the inpatient re-admission rates for psychiatric hospitals, partnering with the Division of Housing on reducing Homeless population with mental health disorders, partnering with the DLTC on deaf and hard of hearing services for people with mental health disorders, tribal best practices in implementing changes to assure integrated treatment for co-occurring disorders, promoting trauma informed care and the reduction in the use of seclusion and restraint, and fund psychiatric consultation services for the state's community mental health system. Resources have been set aside for new Department of Health Service's initiatives to

improve the outcomes, accountability and cost-effectiveness of the Wisconsin's mental health system based on the results of the needs assessment.

5) Systems Change (*By Statute, at least 10% must be for children*) - **\$137,927**

The Systems Change funds will focus on implementing systems change in the areas support for consumer involvement in system planning, the state's anti-stigma efforts, support for technical assistance to expand transition programs for children's programs into adult services, and promotion of specialty certification in infant and early childhood services.

6) Recovery, Early Intervention, Prevention (*Amount in Biennial Budget*) - **\$197,991**

Funding will continue to support consumers in their recovery and to focus more on self-directed care and peer specialist expansion. Funding will also continue to support suicide prevention efforts, in particular to reduce the disparities among cultural subgroups and veterans.

7) Training (*Statutory Cap of \$182,000*) - **\$182,000**

Training funds will be contracted to improve provider knowledge and skills in mental health standards, best practice and emergency crisis services for statewide system delivery for consumers of all ages. These funds will be used for training for children's and adult services, promotion of evidence-based clinical treatment, and training for certified peer specialists.

8) Wisconsin Protection and Advocacy (*Statutory Amount of \$75,000*) - **\$75,000**

Disability Rights Wisconsin is the designated agency within the state to provide protection and advocacy for persons with mental illness.

9) State Operation Costs - **\$689,400** (*State Biennial Budget*)

These funds cover the costs of the staffing for the DMHSAS, Mental Health Council expenses, accounting, data management and system improvements, National Outcome Measures reporting and indirect costs of administering the grant.

SUMMARY PROPOSED CMHBG FFY 2013 ALLOCATIONS	
Community Aids	\$2,513,400
Children's Initiatives	\$1,826,500
Family/Consumer Self Help & Peer to Peer Support	\$1,191,629
Transformation Activities	\$1,202,064
Systems Change	\$137,927
Recovery, Early Intervention, Prevention	\$197,991
Training	\$182,000
Wisconsin Protection & Advocacy	\$75,000
State Operation Costs	\$689,400
TOTAL FFY 2013 (October 1, 2012 – September 30, 2013)	\$8,015,911